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JUL 05 2007

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7590

06/28/2007

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07/06/2007 SFELEKE2 00000034 09458899

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Stephanie Ward

(Depositor's name)

Stephanie Ward

(Signature)

7/2/07

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/458,899	12/10/1999	STEPHANIE WARD	4402-103	9424

TITLE OF INVENTION: METHOD AND SYSTEM FOR HOME MEDICAL MANAGEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	09/28/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
RIMELL, SAMUEL G	2164	707-104100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Stephanie Ward

Date _____

7/2/07

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No applicable

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